

# Chapter 10: Coaching Session Handouts

## *Overview*

The following pages contain handouts for each STEP behavior coaching session. These sessions occur in the first 9 weeks of the STEP program. They are designed to assist participants in developing and maintaining behavior changes that will help them adopt and maintain healthier lifestyles that emphasize physical activity.

## *Objectives*

This chapter will:

- Familiarize you with the different types of handouts.
- Allow you to review the handouts for each behavior session.
- Allow you to print the handouts for each session as needed.

## *Key Points*

- The handouts are labeled according to the behavior session in which they are used or distributed.
  - Some handouts are simple introductions and help describe certain aspects of the STEP program (e.g., RPE scale, balance exercises) and should be kept as reference materials.
  - Some are in-class handouts or worksheets to be discussed and completed during the behavior sessions.
  - Others are “Take Home Challenges” and should be completed at home and discussed at the following session.
- For optimal use of these handouts, it is essential that you or your program leader are familiar with the content and lesson plan for each coaching session and come to the sessions prepared with enough handouts for all participants.
- Two versions of the STEP tracking sheet are available (found in Session #1 handouts): the “weekly” tracking sheet and the “monthly” tracking sheet. It is up to you which tracking sheet you prefer to use at your facility.
  - Some people find it easier to track exercise by weeks. If you choose this method, distribute a fresh tracking sheet to participants on the first day of class and have them start recording their activities the same day. For the next 7 days, participants will use this sheet to track the exercise they do inside and outside of class. When their sheets are full, participants should turn them in and receive one blank sheet apiece. Completed tracking sheets should be stored in a master notebook in the classroom. That way, no sheets will be lost, and both you and the participants can view their progress over time. You can use the tracking sheets in the behavior sessions to talk about differences you see in their exercise patterns from week to week.
  - The monthly tracking sheets are an easy way to view participants’ progress over a longer block of time. Monthly sheets also mean fewer copies have to be made and stored. However, there is a risk of losing valuable information if a sheet is misplaced. If you decide to use monthly tracking sheets, you may want to keep a backup copy for each participant, transfer the hours into your master notebook each week, or devise another system that works for your staff and participants.

## ***Session #1 Handout: Overview of the STEP Physical Activity Program***

### **STEP Schedule and Goals**

Week	Behavior Session	Number of Strength Classes	Minutes of Walking per Week	At-Home Balance Exercises
1	1	Intro	0-30	N
2	2	1-2	30	N
3	3	1-2	60	Y
4	4	1-2	60	Y
5	5	1-2	90	Y
6	6	1-2	90	Y
7	7	1-2	90	Y
8	8	1-2	120	Y
9	9	1-2	120	Y
10-end	Optional	1-2	150	Y

STEP begins with a 9-week program. During the 9 weeks, we will focus on the goal of increasing your physical activity to 150 minutes a week with a combination of strength exercises and walking.

You will attend class 1 or 2 times a week, where you will learn both strength exercises and behavior strategies. The behavior sessions will address issues such as motivation and help you overcome barriers that make physical activity difficult.

At the end of 9 weeks, the behavior sessions will start over with Session #1 so that newcomers can participate. As a “seasoned” participant, you should continue your strength classes, walking, and balance exercises, but the behavior sessions will be optional. Feel free to attend any or all of the behavior sessions for continued support, a refresher, or any other reason.

### ***Session #1 Handout: Rating of Perceived Exertion (RPE) Scale***

While exercising, you should monitor your RPE, that is, how strenuous the exercise feels to you. This depends on the strain and fatigue in your muscles and your feeling of breathlessness in the chest. Attend to these feelings when you rate exertion, not to the amount of weight you are using or the length of time that has passed.

	<b>6</b>	<b>ABSOLUTE MINIMUM</b>
	<b>7</b>	<b>VERY, VERY LIGHT</b> This requires minimal effort. It is easy and comfortable.
	<b>8</b>	
	<b>9</b>	<b>VERY LIGHT</b> Like walking slowly at your own pace for several minutes.
	<b>10</b>	
<b>WALKING TARGET</b>	<b>11</b>	<b>FAIRLY LIGHT</b> Not especially hard. It feels fine and is no problem to continue.
	<b>12</b>	
	<b>13</b>	<b>SOMEWHAT HARD</b> You are tired but you don't have any great difficulty.
	<b>14</b>	
<b>STRENGTH TARGET</b>	<b>15</b>	<b>HARD</b> You can still go on but you have to push yourself and feel tired.
	<b>16</b>	
	<b>17</b>	<b>VERY HARD</b> You are so tired that you cannot continue much longer.
	<b>18</b>	
	<b>19</b>	<b>VERY, VERY HARD</b> This is as hard as you have ever experienced.
	<b>20</b>	<b>ABSOLUTE MAXIMUM</b>







Staying Healthy Through  
Education and Prevention

### ***STEP Physical Activity Description and Expectations Agreement***

Congratulations! You are now part of the STEP Physical Activity Program! As a member of the program, you will participate in activities that are designed to enhance your health and prevent physical decline. Staff will teach you how to do the exercises and how to develop a program of ongoing physical activity. The STEP Program consists of walking, strength, and balance and flexibility training.

#### **Expectations for Participation**

You will:

- Participate in structured physical activity groups at least **1 time** each week. At the beginning of the program, these sessions will also deal with building the skills that you need to make the program successful.
- Walk on your own or in groups on a regular basis, with the goal of building up to about 30 minutes of walking each day.
- Keep in contact with the staff so that we know how you are doing.
- Report certain changes in your health status to the staff so that we can determine if it is safe for you to continue participating in the exercise program.

These changes include if you have:

- Seen a doctor about a new medical condition
- Changed your medication
- Experienced:
  - Chest discomfort
  - Rapid or irregular heartbeat
  - Shortness of breath
  - Dizziness
  - Swelling of both ankles
  - Increased fatigue

As we strive to develop programs to maximize wellness, we must ensure that safety is a priority!

Your signature below indicates that you understand what is involved in participation in the STEP program.

Signed (participant): \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

***Session #2 Take Home Challenge: Reflect on Physical Activity***

Below are three questions about why you want to become a more physically active person. Please take a few minutes to reflect on each question and then write down your thoughts when you get home. The next time we meet, we will discuss your answers and how we, as a group, can motivate each other to embrace STEP and become more active.

1. How do you think you will **BENEFIT** from becoming more physically active?

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2. What are **YOUR MAIN MOTIVATIONS** for wanting to become more active? Why do **YOU** personally want to change your exercise habits?

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3. Over the next couple of months, we will teach you the skills you need to become more active. Initially, **HOW CAN WE HELP YOU** make these changes?

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### ***Session #3 Handout: Balance Exercises***

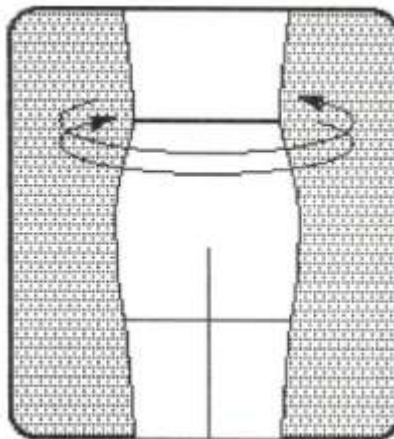
The following exercises are designed to improve your balance and stability on your feet. You should complete them at home using a stable surface that you can grip for support. We suggest a sink and counter in particular.

No matter your strength or physical condition, you should start at Level 1 and progress gradually through Levels 2, 3, 4, and 5. Your STEP instructor will demonstrate and help you practice all the exercises in class so that you will feel comfortable continuing at home.

#### **LEVEL I BALANCE EXERCISES**

##### **The Sink Hip Circle I**

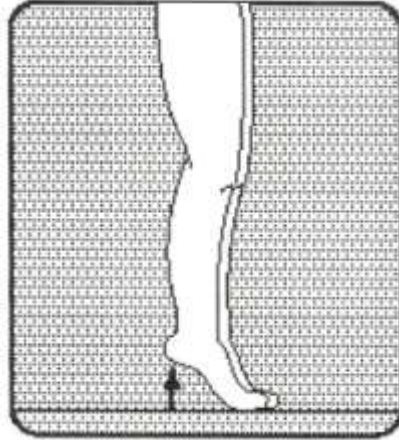
1. Stand facing kitchen sink.
2. Hold on with both hands.
3. Do not move shoulders or feet.
4. Make a big circle to left with hips.
5. Repeat 5 times.
6. Make a big circle to right with hips.
7. Repeat 5 times.





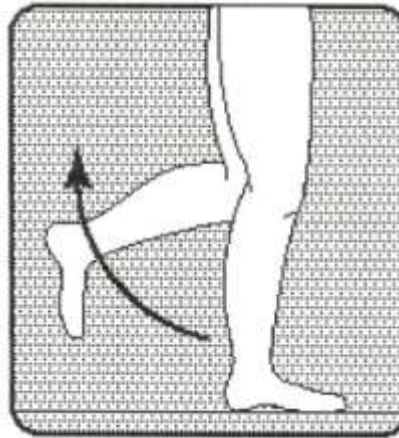
### **The Sink Heel Raise I**

1. Stand facing kitchen sink.
2. Hold on with both hands.
3. Raise your heels gently.
4. Hold for count of 5.
5. Then come down.
6. Repeat 10 times.



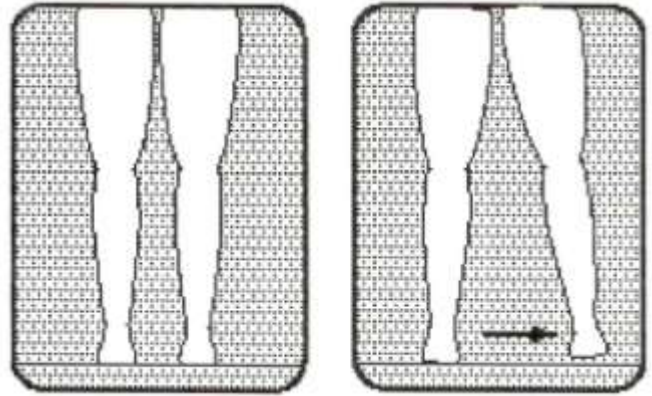
### **One Leg Sink Stand I**

1. Stand facing kitchen sink.
2. Hold on with both hands.
3. Stand on your left leg for count of 5.
4. Stand on your right leg for count of 5.
5. Repeat 10 times.



## The Sink Side Step I

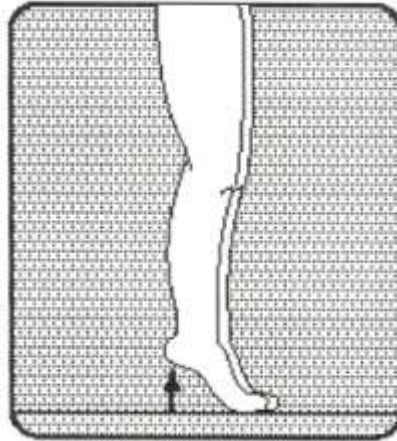
1. Stand facing kitchen sink.
2. Hold on with both hands.
3. Move hands along kitchen sink as you step to left 5 steps.
4. Step to right 5 steps.
5. Repeat 5 times.



## LEVEL II BALANCE EXERCISES

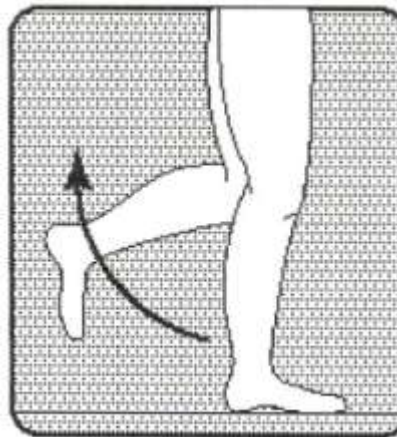
### **The Sink Heel Raise II**

1. Stand facing kitchen sink.
2. Hold on with one hand.
3. Raise your heels gently.
4. Hold for count of 5.
5. Then come down.
6. Repeat 10 times.



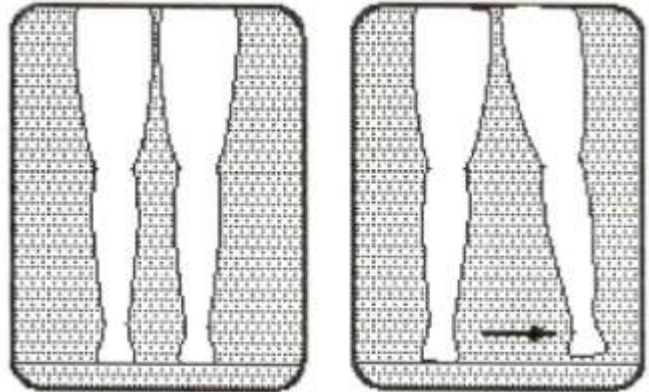
### **One Leg Sink Stand II**

1. Stand facing kitchen sink.
2. Hold on with one hand.
3. Bend the knee and lift your left leg for count of 5.
4. Bend the knee and lift your right leg for count of 5.
5. Repeat 10 times.



## The Sink Side Step II

1. Stand facing kitchen sink.
2. Hold on with one hand.
3. Move hand along kitchen sink as you step to left 5 steps.
4. Step to right 5 steps.
5. Repeat 5 times.



## Step Forward II

1. Stand with right side toward kitchen sink.
2. Hold onto the sink with your right hand.
3. Step forward with your left leg; shift your weight forward over the left leg.
4. Do not step forward with the right leg.
5. Return the left leg to the starting position.
6. Repeat on opposite side.
7. Continue to alternate each leg.
8. Repeat 10 times.



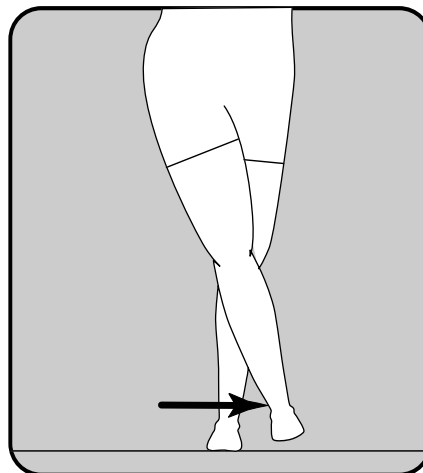
## **Step Backward II**

1. Stand with right side toward kitchen sink.
2. Hold onto the sink with your right hand.
3. Step backward with your left leg; shift your weight backward over the left leg.
4. Do not step backward with the right leg.
5. Return the left leg to the starting position.
6. Repeat on opposite leg.
7. Continue to alternate each leg.
8. Repeat 10 times.

## LEVEL III BALANCE EXERCISES

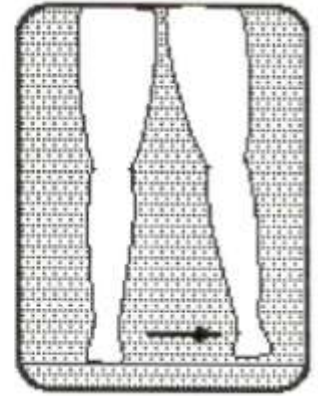
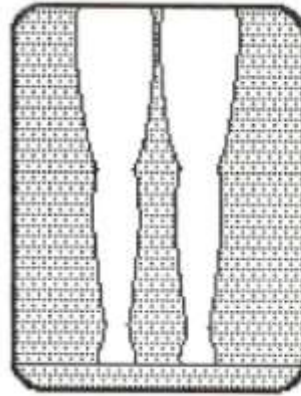
### **The Sink Leg Cross III**

1. Stand facing kitchen sink.
2. Hold on with both hands.
3. Move hands along kitchen sink as you step.
4. Cross left foot in front of right foot.
5. Take a side step with your right foot, passing it out from behind your left foot.
6. Repeat steps 4 and 5 three times.
7. Now, cross right foot in front of left foot (reverse directions).
8. Take a side step with your left foot, passing it out from behind your right foot.
9. Repeat steps 7 and 8 three times.



### Sink Side Step III

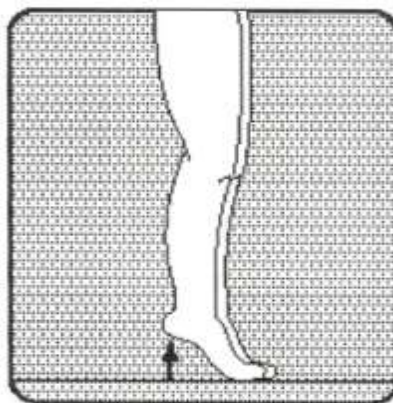
1. Stand facing kitchen sink.
2. Do not hold onto sink.
3. Step to left 5 steps.
4. Step to right 5 steps.
5. Repeat 5 times.





### The Sink Toe Stand III

1. Stand facing kitchen sink.
2. Do not hold onto the sink.
3. Go up on your toes.
4. Hold for count of 5.
5. Then come down.
6. Repeat 10 times.



### Step Forward III

1. Stand with right side toward kitchen sink.
2. Balance with fingertips of the right hand.
3. Step forward with your left leg; shift your weight forward over the left leg.
4. Do not step forward with the right leg.
5. Return the left leg to the starting position.
6. Repeat on opposite side.
7. Continue to alternate each leg.



8. Repeat 10 times.

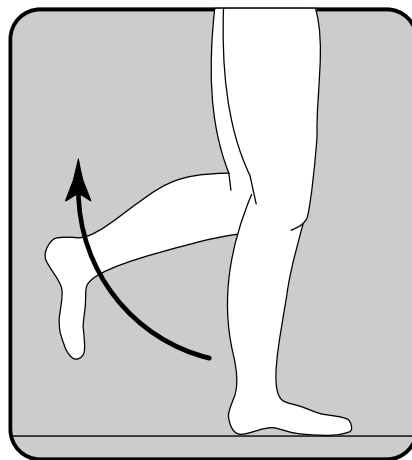
### **Step Backward III**

1. Stand with right side toward kitchen sink.
2. Balance with fingertips of the right hand.
3. Step backward with your left leg; shift your weight backward over the left leg.
4. Do not step backward with the right leg.
5. Return the left leg to the starting position.
6. Repeat on opposite leg.
7. Continue to alternate each leg.
8. Repeat 10 times.

### LEVEL IV BALANCE EXERCISES

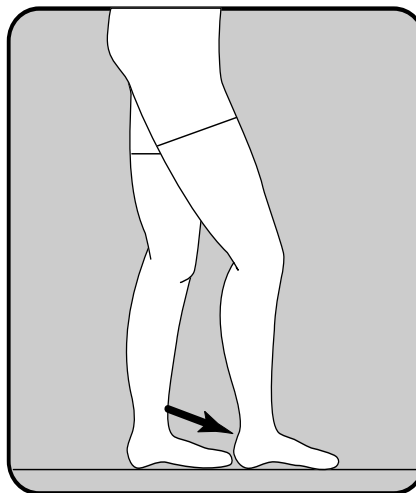
#### **One Leg Sink Stand IV**

1. Stand facing kitchen sink.
2. Do not hold onto the kitchen sink.
3. Stand on your left leg for count of 5.
4. Stand on your right leg for count of 5.
5. Repeat 10 times for each leg.



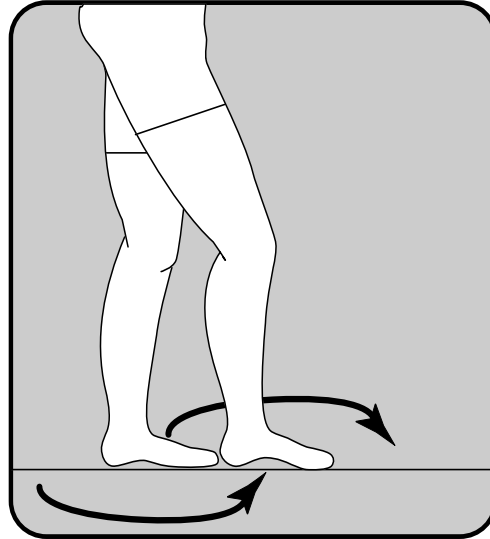
## Tandem Walking IV

1. Stand with left side toward kitchen sink.
2. Hold on with left hand.
3. Move hand along kitchen sink as you step.
4. Place right heel directly in front of toes of left foot.
5. Now place left heel directly in front of toes of right foot.
6. Repeat steps 4 and 5 three times.
7. Turn around.
8. Hold with right hand.
9. Repeat steps 4 and 5 three times.



### **Cross-Over Walk IV**

1. Stand with left side toward kitchen sink.
2. Hold on with left hand.
3. Move hand along kitchen sink as you step forward.
4. Cross left foot over right foot.
5. Cross right foot over left foot.
6. Repeat steps 4 and 5 three times.
7. Turn around.
8. Hold with right hand.
9. Repeat steps 4 and 5 three times.



### **Modified Step-Up IV**

1. Stand with your right side toward the sink.
2. Hold onto the sink with your right hand.
3. Have a step stool or large book (such as a phone book) on the floor in front of you.
4. Lift the right foot up and tap it on the stool/book.
5. Lower the right foot back to the floor.
6. Repeat with the left foot.
7. Alternate right and left steps.
8. Repeat 10 times.

## LEVEL V BALANCE EXERCISES

### **Walk With Head Turns V**

1. Stand with right side toward sink.
2. Hold on with the right hand.
3. Move hand along sink as you step.
4. Take 5 steps forward.
5. While stepping forward, turn your head to the right and then to the left one time.
6. Turn around.
7. Hold the sink with the left hand.
8. Repeat steps 4 and 5.
9. Repeat entire sequence 5 times.

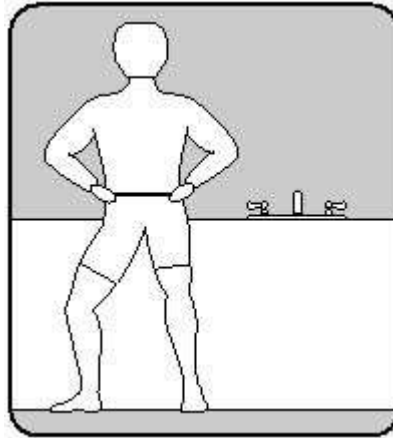
### **Forward Lunge V**

1. Stand with one side to kitchen sink.
2. Place one hand on the sink, one on your hip.
3. Lunge forward with right foot.
4. Return to start position.
5. Lunge forward with left foot.
6. Return to start position.
7. Repeat 10 times.



## Side Lunge, Hands on Hips V

1. Stand near kitchen sink.
2. Put your hands on your hips.
3. Lunge to side on left foot.
4. Return to upright position.
5. Lunge to side on right.
6. Return to upright position.
7. Repeat 10 times.



## Step Backward and Forward V

1. Stand with your right side toward the kitchen sink.
2. Balance with fingertips of your right hand.
3. Step backward with your left leg, shift your weight backward over the left leg, and pause.
4. Step forward with the left leg, past the right leg.
5. Shift your weight forward over the left leg.
6. Return the left leg to the starting position.
7. Repeat on opposite leg.
8. Continue to alternate each leg.
9. Repeat 10 times.



## **Modified Step-Up V**

1. Stand with your right side toward the sink.
2. Balance with fingertips of your right hand.
3. Have a step stool or large book (such as a phone book) on the floor in front of you.
4. Lift the right foot up and tap it on the stool/book.
5. Lower the right foot back to the floor.
6. Repeat with the left foot.
7. Alternate right and left steps.
8. Repeat 10 times.

***Session #3 In-Class Worksheet: Strategies for Reducing Physical Decline***

Everyone experiences physical changes as they age. You may move more slowly, have trouble getting up out of a chair, or have other problems moving around. BUT you should be able to keep living the life you want to live. There is a difference between slowing down and “declining.” Think about some strategies you can use to prevent “decline.” Write them down and bring this handout to class for discussion.

**Strategies To Reduce Our Risk of Physical Decline:**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



***Session #3 Take Home Challenge: Brainstorming About Physical Limitations***

1. Regarding my physical function, I have noticed that...
2. These changes make me feel...
3. I have learned in STEP that physical activity can...
4. I have decided to do the following things to reduce my risk of physical decline...

## Session #5 Handout: Exercise Feelings Scale

*In Session #3, we reflected on physical function. Now spend some time reflecting on exercise. How does it make you feel? Do these feelings change before, during, and after exercise?*

### Exercise Feeling Scale

-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Very					Neutral					Very
Bad										Good

**Each time you exercise, think about the number that best describes how you feel.**

**Use this scale to rate your feelings immediately before, during, and immediately after exercise.**

***Session #5 Take-Home Challenge: Exercise-Related Thoughts and Feelings***

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

**-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5**

**Very Neutral Very**

**Bad Good**

**Before: \_\_\_\_\_ During: \_\_\_\_\_ After: \_\_\_\_\_**

.....

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

**-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5**

**Very Neutral Very**

**Bad Good**

**Before: \_\_\_\_\_ During: \_\_\_\_\_ After: \_\_\_\_\_**

.....

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

**-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5**

**Very Neutral Very**

**Bad Good**

**Before: \_\_\_\_\_ During: \_\_\_\_\_ After: \_\_\_\_\_**

.....

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Very Neutral Very

Bad Good

Before: \_\_\_\_\_ During: \_\_\_\_\_ After: \_\_\_\_\_

.....

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Very Neutral Very

Bad Good

Before: \_\_\_\_\_ During: \_\_\_\_\_ After: \_\_\_\_\_

.....

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Very Neutral Very

Bad Good

Before: \_\_\_\_\_ During: \_\_\_\_\_ After: \_\_\_\_\_

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## ***Session #6 Handout: Changing Negative Thoughts to Positive Thoughts***

It takes practice to change our negative thoughts into positive ones. Here are some examples of different types of negative thoughts and suggestions on how you can modify them into positive thoughts and realistic goals.

Are any of these thoughts familiar?

Negative Thought Types	Positive Refocusing
<b>Good or Bad</b>  “What did I do today? Nothing. I didn’t even walk today. I’ll never get in shape.”	<b>Create a Balance in Your Day</b>  “So I slipped up. It’s just ONE day. Tomorrow I will put my shoes by the front door to remind myself to walk.”
<b>Excuses</b>  “It’s too cold to take a walk today.”  “I don’t have the will power or the energy to do this.”	<b>Be Creative- It’s Worth a Try</b>  “I will walk at the mall today.”  “The sooner I go for a walk, the more energy I will have. It takes effort to change! Get going, Self!”
<b>Should</b>  “I am sick of handouts and completing my physical activity chart. Why do we do this anyway?”	<b>Take Charge- It’s Your Health!</b>  “Completing my activity charts will help me keep track of my physical activity behaviors. This will keep me safe AND help me improve.”
<b>Not As Good As</b>  “Barry walked five times this week and I only walked three times.”	<b>I Am Not Barry!</b>  “This is not a competition. I will progress at a rate that is safe for me and in line with my goals.”
<b>Give Up</b>  “I cannot keep up with all this. I might as well forget it. I’ll never be an independent exerciser.”	<b>Reach Out to Support System</b>  “Whenever I feel like giving up, I will call one of my social support buddies and ask for some help.”

## ***Session #6 Handout: Talking Back to Negative Thoughts***




We're all guilty of negative self-talk. It's hard to avoid when you're feeling down. But saying negative things to yourself won't help you work toward your fitness goals—don't damage your own self-esteem! Here are some strategies for “talking back” to negative self-talk and converting it into positive, supportive feedback.

### **Strategies for Talking Back to Negative Thoughts**

1. Catch yourself in the act when it comes to negative thoughts. Practice recognizing when you're heading down a negative path and...
2. ...Shout to yourself internally, “STOP!” Try to picture a huge red stop sign in your mind. This is a signal to take a step back. Challenge yourself to shut down those thoughts. Only you have control over them and you can change.
3. Reflect on the underlying meaning of the negative thought. Does it relate to a goal that seems out of reach? Let yourself know that it is o.k. if you wavered from the path to good health. Learn from it and move on with positive thoughts instead.
4. Now, talk back to that negative thought using a positive thought that relates to an attainable, realistic goal. Do this as many times as you need. Get in the habit of supporting yourself with positive self-talk. Being your cheerleader and allowing yourself to make mistakes is an important part of the process.

**Session #6 In-Class Worksheet: Practice Changing Negative Thoughts to Positive Thoughts**

- Write down three examples of negative thoughts you have about your fitness goals.
- Say one of those thoughts in your mind and then say, “STOP!”
- Now write down a response to that negative thought. Admit that maybe you didn’t reach your goal this time, but add a positive thought about what you will do moving forward to make sure you reach your goals.

<b>Negative thought related to a goal that seems out of reach</b>	<b>STOP!</b>	<b>Positive thought related to a goal that you can reach</b>
		
		
		

### ***Session # 6 Take-Home Challenge: Increasing Positive Self-Talk***

Below the dashed line, write down four positive thoughts or feelings about your commitment to modify your behavior, how physical activity makes you feel, or what you have to gain physically and mentally from this program.

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#### **My Positive Thoughts**

**Cut on the dashed line and put this sheet in your wallet or purse or somewhere you will see it everyday. Look at it when you need a positive reminder about physical activity.**

1. \_\_\_\_\_
  
2. \_\_\_\_\_
  
3. \_\_\_\_\_
  
4. \_\_\_\_\_

#### **Additional Techniques for Bolstering Positive Thoughts**

- Take time to remember your accomplishments and what they mean to you and your health.
- Take 10 minutes at the beginning of each day to think about how you can help yourself maintain your physical activity program. Think about all of the health benefits that you will receive.
- When you are feeling down, take time to think of the things we take for granted, like nature, the laughter of children, or peace. Think about things that bring you happiness or joy and remind yourself that your goals are worth a little struggle.



**Session #6 Take-Home Challenge, continued**

Before the next session, take some time to answer these questions:

**Did you practice *talking back* to your negative thoughts and bolstering your positive thoughts?**

**YES**

**NO**

**What effect did this have on your physical activity behavior throughout the week?**

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**Did you try any of the techniques for bolstering positive thoughts?**

**YES**

**NO**

**If yes, how did this make you feel about physical activity and exercise.  
If no, why not?**

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***Session #7 In-Class Worksheet: Examining Your Week of Physical Activity***

Use the questions provided below to think about and assess your physical activity and exercise participation for the past week. Please be as thorough as you can. When you come to class, we will review your thoughts and discuss any barriers that you encountered.

How many days were you physically active in the past 7 days?

How long were you physically active for each session?

What type of physical activity did you do?

What physical activity did you enjoy the most?

What were some barriers to physical activity that you encountered this week?

How did you deal with these barriers?

***Session #7 Take Home Challenge: Barriers to Physical Activity and Countermeasures***

Ask yourself: What got in the way of my physical activity program this week and what can I do to prevent a lapse? (\*If there were no barriers this week, brainstorm about possible future barriers and how to overcome them.)

List the Barriers and Counteractions in the boxes below.

<b>Physical Activity Barriers</b>	<b>Physical Activity Barrier Counteractions</b>

## ***Session #8 Handout: Social Support***

What kind of support do you need?

### **Someone to listen to you**

It's important to be able to share your thoughts and feelings with others. It's also important to have someone who can be open and honest with you. Find one or two people with whom you can share both positive and negative aspects of your life. Find someone who is willing to listen rather than always trying to give you advice. Who will listen to you and avoid being judgmental when you're struggling or get off track?

### **Someone to participate with you**

It's often easier and more enjoyable to make lifestyle changes when others participate with you. Will it help if a family member or friend makes some changes with you? Try to find others with similar interests and needs as you (e.g., an exercise or lunch partner who is committed to making healthy changes).

### **Someone to encourage you**

It's easier to make changes when others are encouraging and supporting you. Having someone to encourage you can be helpful when you slip up or don't reach your goals as quickly as you would like. Who can provide the encouragement you need when you get discouraged? It's important to feel that others are proud of your successes. Who will be excited about your success?

### **Someone to provide knowledge**

To achieve your goals, you may need to build some relationships with people who have knowledge and experience in the areas in which you're trying to make changes. Who can help provide the knowledge and skills you need for success? Talking with someone who has already been successful with weight management or lifestyle change can often be helpful. So can turning to your session coaches, who are always happy to help!

### **Someone to assist you**

Successful change may require you to reorganize the ways you spend your time. You may also find that you need others to help you get things done. What help do you need to free up time to exercise, attend a group meeting, or cook a healthy meal? Who can help you around the house or at work so you can make time for things you need to do to achieve your physical activity goals?

### ***Session #8 In-Class Handout: Keys to Successful Partnerships***

**COMMUNICATION** is the key to building supportive relationships. Let your family and friends know your thoughts and feelings. Be clear with them about how and when they should provide support. They need to hear from you that you really want to achieve your goals, you're committed to success, and you want them behind you.

**CHOOSE** good partners. And more than one! One person may not be able to provide all the support you need, so reach out to more than one person. You could choose someone who is making the same changes you are and support each other. Or maybe choose someone who is healthy and whom you look up to for their active lifestyle. Most important, choose someone who is a good listener, who can support you and encourage you when you're down.

**ASK** for the **specific** help you need and develop a **plan** together. Never expect others to know how to provide the support you need. Not being specific about your needs is one of the most common roadblocks to obtaining helpful social support.

**Session #8 In-Class Worksheet: Building a Supportive Team**

Use the following worksheets to help you build your support team. Start by thinking about what goals you need help achieving. Next, determine the specific types of support you will need to achieve your goal. Think about specific family members, friends, and coworkers who can best provide the type of support you need. The final step is to make specific plans to ask for the support you need. If you don't finish the chart in class, take time to complete the chart at home. It will be a valuable tool for you.

<b>What do I need help with?</b>	<b>What type of support do I want?</b>	<b>Who can help me?</b>	<b>How can they help?</b>	<b>How will I ask for help?</b>
		Name:  Phone:		
		Name:  Phone:		
		Name:  Phone:		

<b>What do I need help with?</b>	<b>What type of support do I want?</b>	<b>Who can help me?</b>	<b>How can they help?</b>	<b>How will I ask for help?</b>
		Name:  Phone:		
		Name:  Phone:		

***Session #8 Take-Home Challenge: Ask for and Reflect on Social Support***

In the space below, write down the name of the person or group you plan to lean on for social support this week based on the Supportive Team chart you completed. At the end of the week, reflect on how it went. For instance, was it a good or bad experience? Would you reach out to them again? Then take a few minutes to look at your chart and identify another person whom you would like to reach out to this week.

Please think about the questions below after Session 8 and before your next strength class:

1. What group or person would you like to reach out to for support this week?

Write your new social support here:

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2. What specific challenge do you need support to overcome?

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3. How can this group or person support you and help you reach your goal for the week? (Be specific. They will need to know exactly how they can help.)

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After your strength class(es) and before Session 9:



4. Did you successfully meet your goals for the week?

Yes

No

5. What did you think about trying a new form of social support (in terms of positive experiences, negative, ease of access, etc.)?

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6. Do you think that you would try to use this social support network again if you wanted to or needed to in the future?

**Yes**

**No**

**Session #9 In-Class Worksheet: Short-Term and Long-Term Goals**

Please fill out the entire goal sheet below. Be as thorough as you can.

My long-term physical activity goal is to:

---

2. My Physical Activity Goals for this week are:

(A) Frequency: \_\_\_\_\_

(B) Intensity: \_\_\_\_\_

(C) Time: \_\_\_\_\_

(D) Type: \_\_\_\_\_

3. What days do I plan to be physically active outside of class?

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4. How many minutes will I be physically active outside of class?

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5. Where will I be physically active? What activities will I do?

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6. I plan to achieve my Physical Activity Goals by (what day):

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